

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	101001		9/14/01
O.I.P.E. CLASSIFIER		1118	9-12-01
FORMALITY REVIEW	TH		10-03-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/13/02
2	✓	✓	4/29/02
3	✓	✓	8/14/02
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	0	0	
10	0	0	
11	0	0	
12	✓	✓	
13	✓	✓	
14	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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10/13